



State of Maryland Behavioral Health Advisory Council

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary, DHMH

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

Minutes

September 20, 2016

Maryland Behavioral Health Advisory Council Members Present:

Makeitha Abdulbarr, Barbara L. Allen, Barbara J. Bazron, Dori S. Bishop (**by phone**), Karyn M. Black (**by phone**), Anne Blackfield (**by phone**), Lori Brewster, Kelby Brick, Mary Bunch, Laura Cain, Sara Cherico-Hsii (**by phone**), Kenneth Collins, Jan A. Desper Peters, The Hon. Addie Eckardt, Stevanne Ellis, Kate Farinholt, Ann Geddes, Lauren Grimes, Elaine Hall, Shannon Hall, Christina Halpin, Dayna Harris, The Hon. Antonio Hayes, James Hedrick, Joel E. Klein (**by phone**), Jonathan Kromm, Sylvia Lawson, Susan Lichtfuss, Sharon M. Lipford, The Hon. George Lipman, Theresa Lord, Dan Martin, Dennis L. McDowell, Nick Napolitano for Jonathan Martin, Randall S. Nero for Stephen T. Moyer, The Hon. Dana Moylan Wright, Kathleen O'Brien (**by phone**), Yngvild Olsen, Mary Pizzo, Charles Reifsnider, Keith Richardson, Brandi Stocksdales, Ellen M. Weber, Anita Wells, John Winslow

Maryland Behavioral Health Advisory Council Members Absent:

Catherine Drake, Robert Findling, Carlos Hardy, Virginia Harrison, Japp Haynes, IV, Michael Ito, Gayle Jordan-Randolph, Catherine Simmons-Jones, Tracey Webb,

BHA Staff Present:

Kathleen Rebbert-Franklin, Kim L. Bright, Cynthia Petion, Erik Roskes, Robin Poponne, Hilary Phillips, Larry Dawson, Nicolle Birkhead, Leslie Woolford, Dionna Witherspoon, Thomas Merrick, Richard Ortega, Lori Mannino, Kim Qualls, Brandee Izquierdo, Lisa Morrel, Greta Carter

c/o Behavioral Health Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

TDD for Disabled – Maryland Relay Service (800) 735-2258

Healthy People in Healthy Communities

Guests and Others:

Robert Axelrod, Kaiser Permanente;
Lori Rugle, Maryland Center of Excellence on Problem Gambling;
Julia Jerscheid, Mid-Shore Consumer Advocate;
Kimber Watts, Office of the Public Defender Maryland;
Thomas Werner, Community Advocate-Frederick, MD (**by phone**);
Crista Taylor, Behavioral Health System Baltimore (**by phone**);
Jackie Pettis, Beacon Health Options;
Richard Haines, Maryland National Guard (Substance Abuse Program);
Jordan More, Maryland Department of Legislative Services;
Tracey Myers-Preston, The Maryland Addiction Director's Council (**by phone**);
Cathy Howard, Anne Arundel County Health Department, Behavioral Health;
Victor Ramirez, The MayaTech Corporation;
Lisa Lowe, Heroin Action Coalition (**by phone**);
Laura Mueller, WIN Family Services Inc.;
Sheena Siddiqui, Maryland Hospital Association;
William Rufenacht, Anne Arundel County Core Service Agency

INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Yngvild Olsen, M.D., M.P.H., Council Chair. The draft Maryland Behavioral Health Council minutes dated July 19, 2016 were reviewed and approved with one correction. On page 3, Dr. Jordan-Randolph's new position is with the Department of Psychiatry. Please note that the approved minutes will be posted on the Behavioral Health Administration (BHA) Web site at:

<http://bha.dhmh.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx>

ANNOUNCEMENTS:

- On behalf of the Council, Dr. Olsen welcomed the following state agency designees: Dr. Sylvia Lawson, Deputy Director State Superintendent the Maryland State Department of Education (MSDE), replaced Dr. Karen Salmon; Stevanne Ellis, Long Term Care Ombudsman, Maryland Department of Aging, replaced Phoenix Woody; and Mr. Jonathan Kromm, Acting Executive Director, Maryland Health Benefit Exchange, replaced Michelle Wojcicki.
- September was Recovery Month and Suicide Prevention Awareness Month. There will be many events throughout the month addressing aspects of recovery and suicide prevention. On September 9, 2016, BHA celebrated SAMHSA's 27th Annual National Recovery Month Kick-Off event to promote awareness and understanding of substance use and co-occurring disorders. On October 5, 2016, BHA will kick-off, Suicide Awareness and Prevention its Annual Suicide Prevention Conference at Martins West, Baltimore, MD.

THE DIRECTOR'S REPORT – Barbara J. Bazron, Ph.D., Executive Director, BHA

Bed Capacity Issues

- Dr. Bazron reported on the Department's and BHA's appearance in court this summer to address issues concerning the lack of availability of State hospital beds to complete court ordered forensic evaluations State's psychiatric bed capacity issues and hospital census matters. Recently, a briefing was given to the Joint Committee informing State Senators and Delegates of progress regarding the bed capacity issue and the Forensic Services Workgroups' Report of Recommendations. There was a great deal of interest in forensic services delivery system with many eager to learn about what the BHA is doing to address this issue. The Report was the basis of the discussion during the Joint Committee briefing. Responses and testimony by community members, providers, advocacy group, and union representatives were organized around the recommendations provided by the Workgroup. There was much consensus among the participants involved in this process.

2016 Forensic Services Workgroup

- As stated earlier, the Forensic Services Workgroup, charged with developing concrete recommendations on how to reduce unnecessary congestion in Maryland's State Hospital System, presented their report and recommendations to the DHMH Secretary on August 31, 2016. Working with the support of Secretary Mitchell, who has made finding a resolution for this long-standing issue a priority, the Workgroup has addressed the need for additional staff to support a largely forensic-based hospital population. New approaches are required that will take safety and staffing into consideration. The Forensics Services Workgroup's recommendations to address the current demand for psychiatric in-patient care for both civil and forensically involved citizens were met with consensus. Current admission, discharges, treatment and aftercare processes were taken into consideration in the development of the recommendations.

An ad hoc advisory group will be established and charged with tracking recommendations and requesting mid-course corrections if necessary. The ad hoc advisory group will be chaired by community stakeholder, rather than BHA staff members. Accordingly, Dr. Bazron is calling on members of the community to support the implementation of activities recommended by the workgroup.

Member Comments:

Dan Martin, BHAC Co-Chair, asked Dr. Bazron how the role of the proposed ad hoc advisory group would differ from the BHAC. Dr. Bazron explained the main difference between the two groups is that the advisory group will be narrowly focused on tracking the implementation of the recommendations outlined in the report put forth by the Forensics Workgroup and that once this task is completed the advisory group would be dissolved. The final Report of Recommendations may be accessed on the following website: <http://bha.dhmdh.maryland.gov/Pages/forensic-services-workgroup.aspx>

Status Report on the Transfer of Grant Funds Process for Substance Use Disorders (SUD) Ambulatory Services

- Effective January 1, 2017, the fee-for-service pay structure for SUD ambulatory services will be implemented. The local behavioral health authorities and providers in various jurisdictions are being prepared for the transitions. Extensive support will be provided to jurisdictions expressing the need for assistance in preparing to make these changes by January 2017. The BHA is prepared to provide additional support, as needed, after one-on-one discussions with local authorities. A data group will be set up, as requested by jurisdictions for public behavioral health system (PBHS) based data, to assist in the management of their local systems. Training will be provided by the ASO, Beacon Health Options in December, 2016. Support will be provided to jurisdictions as needed in order for this process to move forward smoothly.

Public Service Announcement

- Secretary Mitchell is involved in a series of public service announcements addressing opioid addiction and Naloxone training. Dr. Bazron encouraged members of the Council to become aware and involved to promote Naloxone training for the member of their professional networks.

House Bill (HB) 1411 – Recovery Residences - Certification

- House Bill 1411 requires the Department to approve a credentialing entity to develop and administer a certification process for recovery residences. As stated in the legislation, the credentialing entity must establish certification requirements, establish processes to administer the application, certification and recertification process; monitor and inspect recovery residences, conduct on-site inspection before issuing a certificate of compliance, and issue a certificate of compliance on approval of the application process and the inspection. BHA advises that any recovery residence that receives funding from the BHA must meet the certification requirements and certain quality and environmental standards. Ultimately, the desire of the BHA is to provide safe recovery housing for program residents.

PRESENTATION – Overview of Maryland Federal Block Grants for Substance Use and Mental Health - Cynthia Petion, Office of Planning and Erik Gonder, Office of Population Based Services, Behavioral Health Administration

BHA's Cynthia Petion, along with Erik Gonder, provided an overview of the federal Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG) process. The Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for administering these two block grants to States for substance use and mental health through three Centers: Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), and Center for Mental Health Services (CMHS). SAMHSA's Block Grants are:

- Mandated by Congress
- Non-competitive, formula based grants and follows an allotment methodology

States are required to submit an annual application demonstrating statutory and regulatory compliance and meet specific reporting requirements. Block grants fund those priority treatment and supports services that are not covered by Medicaid, Medicare and private insurance. The Substance Abuse Block Grant (SABG) supports the following services in Maryland:

- Substance Use Disorder (SUD) treatment across all American Society of Addiction Medicine (ASAM) levels of care
- Primary Prevention
- Tobacco Use Prevention – SYNAR Amendment
- Women's Services (Pregnant Women and Women with Dependent Children)
- HIV/AIDS Services
- Overdose Prevention
- PDMP (Prescription Drug Monitoring Program)
- Recovery Support Services
- TB Services

The Mental Health Block Grant (MHBG) supports the following recovery support services in Maryland:

- Crisis Response Systems/Services
- Implementation of Evidence Based Practices-Assertive Community Treatment (ACT), Supported Employment (SE), and Family Psychoeducation (FPE)
- Early Intervention/First Episode Psychosis
- Outcome data collection
- Housing Supports
- Public Awareness/Education/Training & Outreach

Please refer to the attachments for additional highlights on the SAMHSA block grant programs.

COUNCIL BUSINESS:

The Role and Function of the Behavioral Health Advisory Council

In August, 2016, Yngvild Olsen and Dan Martin attended the SAMHSA Block Grant Conference in Arlington, Virginia. States Behavioral Health Advisory/Planning Council representatives are invited to attend and participate in various sessions. The Conference offered an opportunity for them to view the functioning and operations of advisory councils throughout the country. Many state advisory councils are partnered with their state departments of health, but only a few have embarked on a behavioral health integration process like the state of Maryland. Yngvild and Dan reported on the excitement of hearing from the Chairs of Colorado's Advisory Council, as they have gone through a similar integration process. It was reported that it was very helpful to hear about how a state with similar challenges created their combined council and the extent to which they collaborate with their Health Department.

Dr. Olsen mentioned setting priorities for the Behavioral Health Advisory Council that will be addressed over the next couple of years, as well as identify our strengths, weaknesses, and gaps that we may fill as a council. It was suggested by one member of the council that we make current events such as the current drug overdose crises associated with Fentanyl, a priority as well. Another member cited the enormous potential put forth in the goals and strategies listed in the State Behavioral Health Plan, and suggested the Council explore additional methods for ensuring that they are fully implemented

Additionally, Dan Martin suggested members send feedback and recommendations regarding the functioning of the Advisory Council to the Co-Chairs so that ways to improve the Council process are taken into consideration as we draft priorities.

Survey to Address Clinical Crisis Walk-in Services and Mobile Crisis Team Services

The Steering Committee of the BHAC, has finalized the definition of clinical crisis walk-in services and mobile crisis team (MCT) services for the survey. The Steering Committee and the Office of Planning staff are in the process of finalizing the data collection tool and the gathering process that will inform the strategic plan to be developed to meet the requirements of Senate Bill 551.

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As an initial step in the process to implement Senate Bill 551, which requires the development of a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide, the BHAC Executive Committee is developing a survey to gather certain information from interested stakeholders and the public at-large. This survey will inform an environmental scan being performed by a consultant to the project. The questions will be designed to generate feedback related to the availability of clinical crisis walk-in services and mobile crisis teams and to help identify priorities that will be used in guiding decision-making as Maryland works to expand these services.

Before making the survey publicly available, BHAC members will be encouraged to test it out and offer any feedback about workability, user-friendliness, etc. The content will be designed to elicit specific information and therefore the goal will be to identify any glitches or other technological issues/difficulties that may occur or have gone unnoticed. Once feedback is obtained from the BHAC members, recommended changes will be reviewed and modifications made as needed. Efforts are underway for the survey to go live in early November, 2016.

The Steering Committee for the Crisis Strategic Plan (BHAC Executive Committee, Chairs from the BHAC subcommittees, is meeting in the basement of the Dix Building, at Spring Grove Hospital Center, on September 23rd from 10:00AM to 12:00PM.

The meeting was adjourned.